

**DRAFT APPLICATION FORM**

**All applications to the Ability Programme must be made online via the Pobal website**.

**The online application form opens**

**Monday 4 December 2017**

**Applications close at 12pm on   
Wednesday 31st January 2018**

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**Ability is co-financed by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020.**

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| **1 ELIGIBILITY** | |
| **Guidance Note:**  To be eligible to apply, applicants must have a legal structure. Your organisation must have a legal identity that is separate from people who manage your organisation or your membership.  If you are applying as a partnership, this section must be filled out by the lead applicant. | |
| **1.1 What is the legal name of your organisation?** | |
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| **1.2 Please select your organisation type from the list.** | Options:   * Company Limited by Guarantee not having a Share Capital * Company Limited by Guarantee having a Share Capital * Friendly/Industrial Provident Society * A Designated Activity Company (DAC) Limited by Shares * A Designated Activity Company (DAC) Limited by Guarantee * A Company Limited by Guarantee A Private Charitable Trust * Non Statutory Body funded under Section 38 and 39 of the Health Act 2004 * Other |
| **1.3 If you selected ‘Other’, please explain.** | |
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| **1.4 How much funding are you requesting?** | €\_\_\_\_\_\_\_\_\_\_\_  . |

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| **Guidance Note:**  In order to be eligible for Ability funding, the lead applicant must be able to demonstrate **one of the following**:   * your organisation provides supports to people with disabilities; or * supporting people with disabilities is consistent with the aims and objectives in your organisation’s governing documents; or * your organisation provides training, pre-employment or employment supports; or * providing training, pre-employment or employment supports is consistent with the aims and objectives in your organisation’s governing documents. | |
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| **1.5** **Does your organisation provide supports for people with disabilities?** | Yes/No |
| **1.6 Is supporting people with disabilities consistent with the aims and objectives in your organisation’s governing documents?** | Yes/No |
| **1.7 If yes to question 1.6, please cross-reference the relevant section in your governing documents.** | |
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| **1.8 Does your organisation provide training, pre-employment or employment supports?** | Yes/No |
| **1.9 Is the provision of training, pre-employment or employment supports consistent with the aims and objectives in your organisation’s governing documents?** | Yes/No |
| **1.10 If yes to question 1.9, please cross-reference the relevant section in your governing documents.** | |
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| **2. PARTNERSHIP AND ORGANISATION DETAILS** | | |
| **2.1 Is this a partnership application?** | | Y/N |
| **2.2 If yes to question 2.1, please list your project partners and summarise their role in your proposed project.** | | |
| **Guidance Note:**  You will have more opportunities later in the application to provide details of your project partners’ engagement.  Please provide a very brief summary of what your project partners will do on this project. For example:   * Steering committee member * Delivering training to participants * Engaging with employers for work placement initiatives. | | |
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| **Project Partner** | **Project Partner’s Role** | |
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| **2.3 Please attach a letter from each project partner that confirms their involvement and role in this project.** | Facility to upload multiple documents. | |

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| **ORGANISATION DETAILS** | | | |
| **Guidance Note:**  If you are applying as a partnership, this section must be filled out by the lead applicant. | | | |
| **2.4** **Legal name of your organisation.** | | |  |
| **2.5 Please provide your organisation’s business name if it is different from your organisation’s legal name at Question 2.4 above.** | | |  |
| **2.6 Organisation Address (include EIRCODE)** | | |  |
| **2.7 Organisation Website Address** | | | Optional |
| **2.8 What is your Charity Registration Number?** | | | Optional |
| **2.9 What is your CRO number?** | | | Optional |
| **2.10 Enter your Tax Clearance Access Number (TCAN)**  Attach evidence of your TCAN from revenue e.g. letter or e-mail from revenue. | | | Facility to attach document. |
| **2.11 Enter your Tax Registration Number (TRN)** | | |  |
| **2.12 Does your organisation currently have a grant agreement/contract with Pobal?** | | | Yes/No |
| **2.13 If Yes, please insert your URN/Grant ID Number.** | | | Yes/No |
| **2.14 If you answered yes to question 2.12, have you already submitted your signed, annual audited accounts for 2016 to Pobal?** | | | Yes/No |
| **Guidance Note:**  If you have already submitted your audited accounts for 2016 to Pobal then you do not need attach them to this form. | | | |
| **2.15 Please attach a copy of your 2016 signed audited accounts.** | | | |
| Facility to upload documents / Paste hyperlink to docu ments | | | |
| **2.16 If your organisation does not currently have a grant agreement/contract with Pobal, please attach a copy of your Memorandum and Articles of Association or relevant governing document.** | | Facility to upload documents / Paste hyperlink to docu ments | |
| **2.17 Primary contact for your application**  Who can we contact if we have questions about your application? | | | |
| **Salutation** | |  | |
| **First name** | |  | |
| **Last name** | |  | |
| **Email** | |  | |
| **Job Title** | |  | |
| **Daytime phone number** | |  | |
| **2.18 Chairperson contact details**  Please provide contact details for your organisation’s chairperson (if they are not the primary contact for this application). | | | |
| **Salutation** |  | | |
| **First name** |  | | |
| **Last name** |  | | |
| **Email** |  | | |
| **Daytime phone number** |  | | |
| **2.19 Is your organisation affiliated to or part of another organisation?** | Yes/No | | |
| **2.20 If yes, please explain.** | | | |
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| **GOVERNANCE AND STAFFING ARRANGEMENTS** |
| **Guidance Note:**  If you are applying as a partnership, this section must be filled out by the lead applicant. |
| **2.21 Please provide the details of your current Board of Directors.** |

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| Name of Board Member | Position on Board | Area of expertise / Representative of:  (Target Group/Organisation/Sector) |
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| **2.22 How often does your Board meet?**  **Please tick.** | |  |  | | --- | --- | |  | | | Once a month |  | | Bi-monthly |  | | Bi-annually |  | | Annually |  | | Other |  | |

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| **2.23 Are sub-committees of your Board in place?** | | | | Yes/No | | |
| **2.24 If yes to question 2.23, please complete the following table for the relevant sub-committees you have in place.** | | | | | | |
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| **Sub-Committee** | **How often does your Sub-Committee meet?** | | **Purpose of Sub-Committee** | | | |
| Audit/Finance |  | |  | | | |
| Staff/Human Resources |  | |  | | | |
| Marketing or publicity |  | |  | | | |
| Specific services |  | |  | | | |
| Other |  | |  | | | |
| Other |  | |  | | | |
| **2.25 Has your organisation adopted a governance code or standards of practice?**  For more information please go to [www.governance.ie](http://www.governance.ie) | | | | | Yes/No | |
| **2.26 If you answered yes to Q2.25, please provide details of the code or standards of practice.** | | | | | | |
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| **2.27 What are your procedures and controls to ensure good financial management?** | | | | | | |
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| **2.28 How many staff are currently employed in your organisation?**  **Note:** If you do not currently employ staff, please enter zero (0) in the table | | Number of full-time Staff | | | |  |
| Number of part-time staff | | | |  |
| **2.29 How many volunteers are involved with your organisation?**  **Note:**  If you have no volunteers, please enter zero (0) in the table.  Do not count board members as volunteers. | | | | | |  |

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| **RELEVANT EXPERIENCE** | | | | |
| **2.30 Please provide relevant examples of your organisation’s and/or your project partners’ experience of:**   1. **working directly with people with disabilities; and** 2. **providing education, training, and/or employment supports** | | | | |
| **Guidance Note:**  Your answer should demonstrate that you and/or your project partners have the **appropriate knowledge and expertise** to engage successfully with this target group and to deliver activities that will support them to participate in education, training and/or employment.  Please provide any specific examples of **similar project actions or proposals** delivered by your organisation or your partners.  Please highlight your organisation’s or your partners’ **experience of working with this** **age group** of young people. | | | | |
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| **2.31**  **In the table below, please provide details of EU or exchequer funding that you have managed since January 2015.**  **Only grants that are relevant to this application should be listed below.**  **(Optional)** | | | | |
| **Funder Name** | **Year funding awarded** | **Funding Programme** | **Project Ref.** | **Amount awarded €** |
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| **3.0 TELL US ABOUT YOUR PROJECT** |
| **3.1 What is the aim of your project?** |
| **Guidance Note:**  The project aim should explain the **overall difference** that you want your project to make.  **Example:**  To support 100 young people with acquired brain injuries to enter paid employment. |
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| **3.2 Please provide a summary of your proposed project.** |
| **Guidance Note:**  Only a **short summary** of your project is required.  Your summary should outline:   * the intended target group – tell us if your project is targeting a group of young people with a particular disability, * the types of actions you will deliver, and * where your project is located.   If your application is successful, we may use this information in publicity for the Ability Programme. |
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| **3.3 Is this a national, regional, county-wide or local project?**  **Please tick.** | |  |  | | --- | --- | |  | | | National – covers the whole country |  | | Regional – more than one county |  | | County-wide – a wide range of locations covering one county |  | | Local – one area or a small number of areas within a city or county |  | | |
| **3.4 What counties will your project operate in?** | |  | |
| **3.5 What is the proposed start date for your project?** | |  | |
| **3.6 What is your proposed end date for the project?** | |  | |
| **Guidance Note:**  The earliest start date for your project will be April 2018 and the latest end date will be March 2021.  Applicants may apply for Ability funding for two – three years. | | | |

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| **3.7 List the objectives, related actions and locations where these actions will be delivered during the lifetime of your proposed project.** |
| **Guidance Note:**  Project objectives and project actions explain **how** your project will achieve its aim.  **Project objectives** will outline the goals your project needs to meet in order to meet the overall aim of your project.  **Project actions** will specify what activities are planned to meet the project objectives.  **Example of a project aim:**  To support 100 young people with acquired brain injuries to enter paid employment.  **Example of a project objective:**  To support participants to gain work experience with local employers through a comprehensive work placement initiative.  **Example of project actions:**   1. Advertise the launch of the work placement initiative through local employer networks, IBEC and through direct mail. 2. Recruit 30 employers to pilot the work placement initiative in Year 1. 3. Develop toolkit and training workshop for employers on working with the target group. 4. Devise matching process for 30 participants and employers in Year 1. |

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| **Objective** | **Action** | **Timeframe for each Action**  **From-To** | **Organisation with responsibility for delivering action** | **Name the cities, county or counties where each action will take place.** |
| **Guidance Note:** A minimum of 1 project objective must be outlined in the table | **Guidance Note:** Each project objective must have one corresponding action | **Guidance Note:** Please name month and year in MM/YYYY format | **Guidance Note:** This column should only be filled out for partnership applications |  |
| **Objective 1:** | **Action 1:** |  |  |  |
| **Action 2:** |  |  |  |
| **Action 3:** |  |  |  |
| **Action 4:** |  |  |  |
| **Action 5:** |  |  |  |

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| **Table allows for up to five objectives and corresponding actions.** |

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| **PROJECT MANAGEMENT AND DELIVERY** |
| **3.8 Please explain how your organisation will manage this project under the following headings:**   1. **Who will be responsible in the lead organisation for managing and delivering the project;** 2. **Arrangements in place for management of project partners (if applicable);** 3. **How the project will be supervised on a regular basis;** 4. **Project management / steering committee / advisory groups;** 5. **Processes in place to address potential risks to project delivery.**   **You may attach an organisational chart for your project in this section.** |
| Facility to upload organisational charts HERE / Paste hyperlink to organisational charts |
| * 1. **Staffing of your Ability project.**  1. **Please attach job description(s) for any staffing role(s) which will be supported by Ability funding.** 2. **Please explain why each of these roles is necessary for the management and delivery of your Ability project.** 3. **Please outline your recruitment procedures for Ability staff.** |
| Facility to upload JOB DESCRIPTION TEMPLATES HERE |
| **3.10 Please outline the policies and codes of practice that you and your relevant project partners have in place in relation to:**   1. **child protection;** 2. **protection of vulnerable adults** |
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| **3.11 Please outline the data protection policies that you and your relevant project partners have in place.** |
| **Guidance Note:**  All Ability projects will be required to collect a range of sensitive personal data about participants when they register for supports and at different points in the programme.  Pobal will develop an ICT system for all projects to record this information.  As data controllers of this information, all lead applicants and their partners must be able to demonstrate that they are compliant with Data Protection Acts 1988 and 2003 and with General Data Protection Regulation.  Please attach a copy of your organisation’s data management and protection policy (if one is in place).  More information: https://www.dataprotection.ie/docs/GDPR/1623.htm |
| Facility to upload multiple documents here / Paste hyperlink to documents |
| **3.12 How will your organisation meet ESF requirements to track the progress of Ability participants:**   1. **during their participation in your project;** 2. **within four weeks of exiting your project; and** 3. **six months after they exit your project?** |
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| **PROJECT OUTPUTS AND OUTCOMES** | | | | |
| **3.13 Select the expected programme outputs and outcomes for your project proposal in the table below.** | | | | |
| **Guidance Note:**  The Ability programme has defined a number of programme-level outputs and outcomes.  **Programme outputs** relate to the **number of young people receiving support** through your project.  **Programme outcomes** relate to the **numbers of young people** **progressing** to further education, training, volunteering and employment through the support of your project. | | | | |
| **PROGRAMME OUTPUTS** | | **PROGRAMME OUTCOMES** | | |
| **Programme Outputs** | **Target number of participants for each output** | **Programme Outcomes**  **Target group employment status** | **Participants’ status upon leaving your project**  **(Numbers of young people)** | **Participants’ status 6 months after leaving your project**  **(Numbers of young people)** |
| **Guidance note:**  1. You must select a minimum of two programme outputs.  2. The first output: ‘Total number of young people with disabilities supported by the project’ is mandatory | **Guidance note:**  Please enter a whole number (e.g. 1, 50, 250) for each of the programme outputs you selected | **Guidance note:**  1. You must select a minimum of one programme outcome. | **Guidance note:**  You must enter a whole number (e.g. 1, 50, 250) for each of the programme outcomes you selected | **Guidance note:**  You must enter a whole number (e.g. 1, 50, 250) for each of the programme outcomes you selected |
| 1. Total number of young people with disabilities supported by the project.  2. Number of young people with disabilities participating in accredited/non-accredited training programmes |  | 1. Number of young people with disabilities engaged in **job searching**    2. Number of young people with disabilities in **NFQ accredited education** courses |  |  |
| **PROGRAMME OUTPUTS** | | **PROGRAMME OUTCOMES** | | |
| **Programme Outputs** | **Target number of participants for each output** | **Programme Outcomes**  **Target group employment status** | **Participants’ status upon leaving your project**  **(Numbers of young people)** | **Participants’ status 6 months after leaving your project**  **(Numbers of young people)** |
| 3. Number of young people with disabilities participating in work preparation initiatives  4. Number of employers worked with.  5. Number of families supported.  6. Number of service providers supported. |  | 3. Number of young people with disabilities in **accredited training courses**  4. Number of young people with disabilities in **non-accredited training** courses  5. Number of young people with disabilities in a **volunteering** role in their community  6. Number of young people with disabilities in **part-time employment (less than 8 hours a week)** including self-employment  7. Number of young people with disabilities in **part-time employment (more than 8 hours a week)** including self-employment  8. Number of young people with disabilities in **full-time employment** including self-employment |  |  |

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| **3.14 You may use this section to outline any other anticipated outputs or outcomes for your project.**  **(Optional)** |
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| **PROJECT FINANCES** | | |
| **3.15 What is the total cost of your project?** | € | |
| **3.16 What is the grant amount you are seeking from the Ability Programme?** | € | |
| **3.17 If the project costs are greater than the amount applied for, please explain how you will fund the additional costs.** |  | |
| **VAT** | | |
| **3.18 Is your organisation registered for VAT?** | Yes/No | |
| **3.19 If yes, is the VAT recoverable for the costs included in this project?** | Yes/No | |
| **3.20 If no, complete the VAT Not Recoverable template**  **Hyperlink to VAT not recoverable template** | Facility to attach VAT Not Recoverable template | |
| **Guidance Note:**  If your organisation is registered for VAT, all VAT must be excluded from the costs outlined in your budget template. | | |
| **Download and complete the budget template**  **Hyperlink to the budget template** | Facility to attach budget template |

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| **4.0 MEETING THE PROGRAMME CRITERIA** |
| **4.1 What is your project’s strategy for recruiting young people to your project?** |
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| **4.2 Please explain how your project will:**   1. **use a person centred approach to support participants, and** 2. **use personal progression plans to engage with participants in your project.** |
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| **4.3 You may use this section to describe any additional approaches or strategies that your project will use to support participants.**  **(Optional)** |
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| **4.4 How will your project support participants when they are exiting from the Ability programme?** |
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| **4.5 Please explain how your project will promote strategic collaboration with project partners and how project partners will be involved in the planning, management or delivery of project actions.**  **(Optional)** |
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| **4.6 You may use this section to outline your project’s strategies for engaging and collaborating with other key stakeholders.**  **(Optional)** |
| **Guidance Note:**  Apart from formal project partners, there may be other ‘other key stakeholders’ who are critical to the success of your project. For example, these may be participants’ families or local employers.  The key stakeholders will be different for every project. |
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| * 1. **Please demonstrate how your project will ensure that:**  1. **both women and men will have equal opportunities to access and participate in your Ability project; and** 2. **your project will not discriminate against young people with disabilities from other disadvantaged backgrounds.** |
| **Guidance Note:**  Gender equality and equal opportunities are core features of ESF funding.  All Ability project must demonstrate how gender equality and equal opportunities are integrated into the **design and delivery** of their project. |
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| **4.8 Please provide any additional evidence demonstrating that your project will have a positive impact on the personal progression and employability of young people with disabilities.** |
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| **NEED FOR THE PROJECT** |
| **4.9 Why is there a need for this project?** |
| **Guidance Note:**  Please provide a clear analysis of specific barriers to education, training and employment for the group of young people you plan to work with. |
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| **4.10 Explain how you identified the need for this specific project.** |
| **Guidance Note:**  Please provide specific examples of **how** you identified the need for this project. For example:   * evidence based research, * data about the target group and employment, * consultation with the target group and/or other stakeholders, * evidence based on your organisation’s/partners’ work. |
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| **VALUE FOR MONEY** | |
| **4.11 How will your project complement or add value to existing mainstream service provision?** | |
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| **4.12 Are you or your project partners already receiving funding to deliver the activities proposed in this application?** | Yes/No |
| **4.13 If you answered yes to question 4.12, please explain why you are applying for funding to the Ability Programme?** | |
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| **4.14 Are you applying for funding for equipment/assistive technology for:**  1. **specialised vocational assessments, or** 2. **equipment/assistive technology libraries for participants?** | Yes/No |

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| **4.15 If you answered yes to question 4.14, please:**   1. **outline the types of equipment/assistive technology that you seek funding for; and** 2. **explain why these items are essential for your project.** | |
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| **4.16 Is funding for this equipment/assistive technology available through other funding programmes?** | Yes/No |
| **4.17 If you answered yes to question 4.16, please explain why you are seeking Ability Programme funding for this equipment/assistive technology?** | |
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| **4.18 How will project learning and/or any project actions be sustained beyond the end date of your project?** |
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| **5.0 SUBMITTING YOUR APPLICATION** |
| **5.1 Please provide any other information that you think is relevant to your application.**  **(Optional)** |
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| **5.2. DISCLAIMERS** |
| **A. Disclosure under the Freedom of Information Act**  Under the Freedom of Information Act 2014, the information in this application form and its attachments may be released on request to third parties.  If you believe that any of the information in your application form is sensitive and should not be disclosed to a third party, you must identify the sensitive information and provide the reason(s) for its sensitivity.  You will be consulted about the sensitive information before any decision is made to release the information to a third party.  Please outline the sensitive information and the reason(s) for the sensitivity below. |
|  |
| **B. Data Protection**  In submitting this application to Pobal, your organisation (and project partners) agree that:   * No sensitive personal data should be included on this form.   Sensitive personal data is defined as data relating to a person's racial origin; political opinions or religious or other beliefs; physical or mental health; sexual life; criminal convictions or the alleged commission of an offence; trade union membership. In this case, sensitive personal data may also refer to the inclusion of names, addresses and/or ages of service users or project beneficiaries in your application form.   * Your organisation authorises Pobal to use, process and store the information in this form for the purposes of assessing your proposal for funding, the administration of any grants awarded by the Ability Programme and the production of internal and external reports relating to the Ability Programme. * In its management of the Ability Programme, Pobal may transfer any data it has received from, and any data it holds relating to your organisation to other persons and bodies, such as the Department of Employment Affairs and Social Protection or the European Social Fund. * If a third party is acting on your organisation’s behalf, Pobal is authorised to use, process and store data received from this third party and to forward to the third party, any data relating to your application. * Pobal’s appraisal of your application and your organisation’s delivery of projects is supported by the Ability Programme. Pobal may also procure data from third parties to assess your application. * It is your organisation’s responsibility to ensure that any sensitive personal data submitted is obtained with the individual’s consent and knowledge that the data will be used for the purposes of this application. By submitting this application form, your organisation confirms that consent has been obtained from any individual whose data is disclosed within the application form. |

**Tick box to confirm that you have read and agree with the above data protection requirements.**

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| **5.3 SUBMISSION OF APPLICATION** | |
| **Please read carefully before submitting your application**.  In submitting this application, the board of directors or management committee:   * Confirms that the application form and attached documents is submitted on their behalf. * Declares that the information provided in the application form and attached documents are true and accurate. * Accepts that Pobal may contact funding organisations or government departments to discuss this application and previous funding awarded, as part of the selection process. * Has the co-funding in place as described in the application form (if applicable). * Has a current lease or agreement in place with the owner of the property (if applicable). * Has the consent of the legal owner of the premises to carry out any refurbishment or to install machinery (if applicable). * Has planning permission or has applied for planning permission to carry out any refurbishment included in this application (if applicable). * Accepts that the Department of Employment Affairs and Social Protection, the European Social Fund and Pobal shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:   + the application or the subject matter of the application;   + the rejection for any reason of any application. * Accepts that the Department of Employment Affairs and Social Protection, the European Social Fund, Pobal, and their servants or agents, shall not at any time or in any circumstances, be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and or administration of an individual project. | |
| **5.4 Name** |  |
| **5.5 Position on the Board** |  |
| **ACCEPTABLE USE AND PRIVACY STATEMENT**  **hyperlink to the Pobal policy on our website which outlines conditions re using online forms and information provided on line.** | |

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| **5.6 FEEDBACK ON THE APPLICATION FORM** |

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| **How would you rate your overall experience of using this online application form?** | **Very difficult** | **Difficult** | **OK** | **Good** |

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| **Please state whether you agree or disagree with the following statements:** | **Strongly Agree** | **Somewhat Agree** | **Neither agree nor disagree** | **Somewhat Disagree** | **Strongly Disagree** |
| **The format of the application form was straightforward.** |  |  |  |  |  |
| **The application guidance notes were useful.** |  |  |  |  |  |
| **The technical user guide was helpful.** |  |  |  |  |  |
| **The application questions were clear and easy to understand.** |  |  |  |  |  |
| **The application questions were relevant.** |  |  |  |  |  |

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| **Attending the information sessions helped me to understand this application form.** | **Yes** | **No** | **I didn’t attend the information seminar** |

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| **Please suggest one change that Pobal can make to improve our online application forms.** |
|  |